

PAYMENT VOUCHER

Department of Human Services

FOR DHS ACCOUNTING USE ONLY

Voucher Number

Instructions:

* See Reverse Side for Non-Discrimination Statement and P.A. 431 Information

1. a. Payee / Vendor Names b. Supplemental Name (If Applicable) c. Supplemental Address (If Applicable) d. Delivery Address (If Applicable) e. City f. State g. Zip Code h. Country (If Other Than U.S.)				3. Department Code 4 3 1				4. Audited		5. Due Date	
				6. Payee Type (Check One) <input type="checkbox"/> BUSINESS <input type="checkbox"/> INDIVIDUAL				2		6A. Federal Employment ID No.	
				7. Purchase Order Number				8. Address/Mail Code		9. Date Prepared	
I certify the goods/services shown below were provided and the amount of this voucher is proper.											
11. Voucher Description: 32 Characters (Information Vendor Needs to Identify Payment)				10. Vendor Signature (To be signed if invoice is not submitted) Date							
12. Vendor Invoice No.				14. Message/Notepad: (Additional Information to the Payee, If Needed)							
13. Blanket Purchase Order No.											
15. This Area is Reserved for Intradepartmental Information											
16. N.I.G.P. Commodity Code		17. CS-138		18. Complete Description of Item or Service						19. Item Amount	
										\$	
										\$	
										\$	
										\$	
										\$	
										\$	
										\$	
21. Contact Person Name						22. Phone No. ()			20. Voucher Total \$		
23. Location / Address											
24. Authorized / Approval Signature of DHS Employee Date						25. Authorized / Approval Signature of DHS Employee Date					
26. Print Name Date						27. Print Name Date					
28. Distribution Method:		29. Agency Code	30. Approp. Year	31. Index Code	32. Program Cost Account (PCA)	33. Agency Object Code (AOBJ)	34. Agency Code AC2	35. Distribution (Dollar Amount)			
A. <input type="checkbox"/> SINGLE		431	2 0					\$			
		431	2 0					\$			
B. <input type="checkbox"/> MULTIPLE (Enter Dollar Amounts In Column 35)		431	2 0					\$			
		431	2 0					\$			
		431	2 0					\$			
		431	2 0					\$			
		431	2 0					\$			
		431	2 0					\$			
36. Total ▶											\$

INSTRUCTIONS

IMPROPER OR INCOMPLETE PAYMENT VOUCHERS WILL BE RETURNED AND REQUIRED

RESUBMISSION. It is especially important to assure that the account coding structures are accurate and that the payment voucher has proper authorized signature(s). **NOTE:** Remove all paper clips and staple the original vendor invoice, billing, etc., to the back of the DHS-1582 Payment Voucher. **DO NOT** attach payment envelopes, payment stubs, or additional copies of the DHS-1582 to the payment voucher. Payment Vouchers submitted without the original documentation require two PAL (Payment Authorization Listing) signatures. Print clearly or type payment voucher.

- 1a. Enter **FULL** legal name of business or **FULL LEGAL** name of individual.
- 1b. Enter supplemental name.
- 1c. Enter supplemental name.
- 1d. Enter address where payment will be sent. DO NOT address payments to DHS address in accordance with DMB policy.
- 1e. Enter city name in full.
- 1f. Enter the two-character abbreviation only.
- 1g. Enter either 5 or 9 digit zip code.
- 1h. Central office use only.
2. Central office use only.
3. Enter 5 digit department code after the 431#.
4. Central office use only.
5. Central office use only.
6. Enter payee FEIN#.
- 6b. Enter payee Social Security number.
7. Enter Purchase Order number if applicable.
8. Enter mail code if known or check ADPICS.
9. Enter date prepared.
10. If an invoice is not submitted, vendor **MUST** sign here.
11. Enter information needed by the payee to identify the payment, i.e., account number, names of persons or program for which payment is being made.
12. Enter vendor invoice number. This box **MUST** be filled out. If no invoice number is applicable, use date of service, receipt number, account number, etc.
13. Enter Blanket Purchase Order number if applicable.
14. Enter Message/Note Pad additional information to payee that will appear on the check stub or note pad.
15. Enter information important to the department.
16. Enter N.I.G.P. Commodity Code. **DO NOT** leave blank.
17. Enter CS-138 number if the commodity code being used in Box 16 starts with the number '9'. For assistance, please see state intranet site http://www.michigan.gov/mdcs/o,1607,7-147-6879_9331---,00.html
18. Enter Complete Description of item or service.
19. Enter amount.
20. Enter total dollar amount of payment voucher.
21. Enter full name of contact person.
22. Enter phone number of contact person.
23. Enter location/address of contact person.
24. Signature of authorized DHS employee from the PAL (Payment Authorization Listing). DO NOT use black ink. Signature must be exactly as it appears on payment authorization list. Person signing must not have authorized procurement.
25. Second authorized PAL signature is needed if original invoice is a copy or fax.
26. Authorized signer **CLEARLY PRINT** name.
27. Second authorized signer **CLEARLY PRINT** name if applicable.
30. Enter appropriation year.
31. Enter index code.
32. Enter program cost account (PCA).
33. Enter agency object code.
34. Enter AC2 code if applicable.
35. Enter dollar amount.
36. Enter total dollar amount of payment voucher.